

State of Maine Wastewater Operator Certification Program

c/o JETCC PO Box 487 Scarborough, Maine 04070-0487

See Instructions on Back Before Completing This Application

All information requested on this Form must be typwritten or printed in ink

APPLICATION FOR WASTEWATER TREATMENT PLANT OPERATOR CERTIFICATION

FO	R DEPARTM	ENT USE
Rec'd:		
Gr. Approve	d	By:
Reciprocity F	rom:	
Grade	Date	Results

Da	e of Application, 20
I	do hereby apply for certification as
a W	astewater Treatment Plant Operator in the State of Maine under Title 32, Chapter 62, Public Laws of 1969.
GE	NERAL INFORMATION:
1.	Present Address:
2.	Home Telephone:
3.	Business Address:
	Business Telephone:
4.	Do you speak and write the English language?
5.	Social Security Number:
6.	Are you licensed as a wastewater treatment plant operator?
	a.) In Maine?What is your Grade Level?What is your operator number?
	b.) In another State or Country? Yes No
	c.) If (b) is yes, enter the Name of the State or Country and attach a copy of your Certificate to this application.
7.	Classification being requested: (see regulations for requirements for each grade)
	a.) Grade and Type
	b.) Reciprocity
	c.) Location of test:(Bangor, Portland, Presque Isle)

A fee of \$125.00 must accompany each application.

Make checks or money orders payable to:

JETCC

EDUCATION

Name & Address of Institution Dates Attended From To Did you graduate or complete the Program? Give date Give major and degree, or give major courses taken, or describe nature of the course(s).	Name & Address of		Attended	Did you graduate or complete the Program?	Give major and degree, or give
		From	To	the Program?	major courses taken, or describe
				Give date	nature of the course(s).

Attach additional pages, if necessary.

EXPERIENCE (List most recent position first)

	To: _		Job Title & Duties:
Address.	(Street)		
(City)	(State)	(Zip)	
Supervisor:			
Datas: Fuom:	T _a ,		Job Title & Duties:
	To: _		Joo Tule & Dulles:
Address:			
	(Street)		
(City)	(State)	(Zip)	
Supervisor:			
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D	Job Title & Duti	es:	
Dates: From: To:			
Employer:			
Address:(Streat)			
(Sirea)			—
(City) (State) (Zip)			
Supervisor:	-		
Dates: From: To:	Job Title & Duti	es:	
Employer:			
Address:			
Address:(Street)			
(City) (State) (Zip)			
Supervisor:			
Attach additional page if necessary.			
I understand that the correctness and truth of my st for which I am applying. I also understand that an revocation of the certificate.	y willful falsification of this o	document, if later discovered, could	
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for which I am applying. I also understand that any revocation of the certificate. *** This form must be	y willful falsification of this of this of this of the second sec	document, if later discovered, could be supplicantly by the submission.	
for which I am applying. I also understand that any revocation of the certificate. *** This form must be	e notarized before day of day of	gnature of Applicant) re submission.*** AD, 20	l lead to

Instructions – Please read carefully before completing this form.

- 1. Please be sure all requested information is neatly completed. <u>Incomplete forms will be returned.</u>
- 2. Refer to the Regulations for Wastewater Treatment Plant Operator Certification for general information and specific requirements for each grade level.
- 3. Registered Professional Engineers are not required to be certified in order to operate a wastewater treatment facility.
- 4. Any person holding a valid certification in another state or country which grants reciprocity to Maine operators may be issued Maine certification in a comparable grade without examination. The education and experience requirements must still be met. The certificate issued by the other state or county must have been obtained by written examination.
- 5. All Dates should be shown as month and year (ex: 2/97).
- 6. Additional information may be submitted on $8\frac{1}{2} \times 11$ paper.
- 7. Education Show high school education and all other education which is related to wastewater treatment. If applicable, include transcripts of courses completed in related areas.
- 8. Experience List most recent employment first. Only work experience relater to wastewater treatment need be shown. Be sure to describe exactly what you duties were in each position. If only part of the duties for a given employer related to wastewater treatment, affix percentages to show the amount of time spent in each area.
- 9. After you application is approved, you will be notified approximately one month in advance of where and when the required examination is to be held.
- 10. Please be sure that you application is notarized (and that the fee is enclused) before submitting it. A <u>fee of</u> \$125.00 must accompany each application. Make check or money order payable to: JETCC
- 11. To be considered for an examination, your application must be received at least <u>six weeks prior</u> to the test date. Applications received after that date will be held for the next examination.
- 12. A new application form is not requires for re-examination in the same grade. A letter and payment of the examination fee of \$125.00 is sufficient for re-examination.